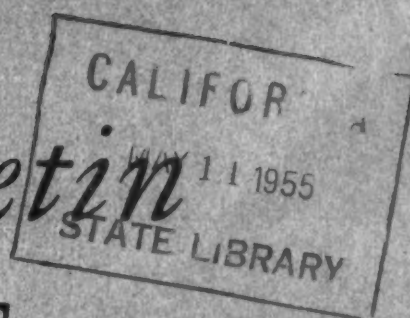


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# Bulletin on Current Literature

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The monthly bibliography for  
workers with the handicapped

*The* NATIONAL SOCIETY  
*for*  
CRIPPLED CHILDREN and Adults, Inc.  
11 SO. LA SALLE ST. CHICAGO 3, ILL.

• Now in the 34th Year of Service

# *The* NATIONAL SOCIETY



*for*

## CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

### IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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#### ACCIDENTS

430. McLean, Alan A. (Am. Cyanamid Co., 30 Rockefeller Plaza, New York 20, New York)

Accident proneness; a clinical approach to injury-liability. Indust. Med. and Surgery. Mar., 1955. 24:3:122-126.

A discussion of accident-proneness patterns, the influence of environmental stresses and the total psychological work climate on accidents. Some of the individual psychodynamics and characteristics of typical injury-labile personalities are considered. Preventive measures for a program to attack the problem of accident proneness are suggested.

See also 483.

#### AMERICAN HEART ASSOCIATION

431. Ferree, John W.

The physician and the voluntary health agency; the American Heart Association. J. Am. Med. Assn. Mar. 19, 1955. 157:12:1020-1023.

An explanation of the origin, organization, and work of the American Heart Association and the important part played by the physician within the framework of the voluntary agency.

#### AMPUTATION--EQUIPMENT

432. Aitkin, George T. (16 Monroe St., N.E., Grand Rapids 2, Michigan)

Prostheses for the juvenile amputee, by George T. Aitkin and Charles H. Frantz. Am. J. Diseases of Children. Feb., 1955. 89:2:137-143.

A discussion of the development of children as it affects the opportune time for the fitting of a prosthesis to the child with congenital defects. Cooperation of parents and teachers in helping the child with a prosthesis adjust to normal activities is necessary.

433. Radcliffe, Charles W. (Univ. of Calif., Berkeley, Calif.)

Functional considerations in the fitting of above-knee prostheses. Artificial Limbs. Jan., 1955. 2:1:35-60.

"It should be understood that no new theory of alignment is intended, that the aim is simply to explain logically some of the problems facing prosthetists in the construction of above-knee legs and to provide rational solutions for those problems. The views presented are the combined result of experience gained at the University of California Prosthetic Devices Research Project during limb-shop trials of the adjustable leg and alignment duplication jig . . . of a study of methods presently used by the artificial limb industry, and of a survey of information presented in the German literature."--Author's note.

#### AMPUTATION--RESEARCH

434. Inman, Verne T. (Univ. of Calif. School of Med., San Francisco, Calif.)

The lower-extremity clinical study; its background and objectives, by Verne T. Inman and Howard D. Eberhart. Artificial Limbs. Jan., 1955. 2:1:4-34.

An orthopedic surgeon and an engineer collaborate in describing the origin, observations, and objectives of the Lower-Extremity Clinical

#### AMPUTATION--RESEARCH (continued)

Study, conducted jointly by the Dept. of Engineering, University of California at Berkeley, the University of California Medical School, and the U.S. Naval Hospital in Oakland, California. Chief objectives of the study are the analysis of medical problems inherent in the amputated state and the application of fundamental knowledge to practical problems in the management of lower-extremity amputees.

#### APHASIA--SPECIAL EDUCATION

435. Getz, Steven B. (Calif. School for the Deaf, Berkeley 5, Calif.)

Non-organically deaf children in schools for the deaf. Exceptional Children, Mar., 1955. 21:6:204-206.

A discussion of the lack of expert differential diagnosis and specialized educational facilities which result in children with communication problems due to mental retardation, emotional disorders, aphasia or aphasia-like disorders being found at educational facilities for the deaf. These children are not directly injured educationally from such placement but are harmed by not providing them early enough with the specialized education and therapy which they require. Their special needs must be recognized and a system provided for identifying them, with the further provision of proper facilities for their education and therapy.

#### ARTHRITIS--MEDICAL TREATMENT

436. Bunim, Joseph J. (Natl. Institutes of Health, Bethesda 14, Md.)

Rheumatoid arthritis; a review of recent advances in our knowledge concerning pathology, diagnosis, and treatment, by Joseph J. Bunim (and others). J. Chronic Diseases. Feb., 1955. 1:2:168-210.

A review of recent literature and experience in three aspects of the disease--pathology, serologic diagnosis, and treatment. A bibliography of 248 references is included.

437. Norcross, Bernard M. (40 North St., Buffalo 2, N.Y.)

Osteoarthritis, by Bernard M. Norcross, L. Maxwell Lockie, and John H. Talbott. GP (General Practitioner). Mar., 1955. 11:3:93-101. Reprint:

A discussion of the incidence, pathology, clinical characteristics, and diagnosis of the disease, with recommended general measures for treatment and the use of drugs and surgery. 14 illustrations.

438. Ragan, Charles (620 W. 168th St., New York 32, N.Y.)

The present-day management of arthritis. J. Chronic Diseases. Mar., 1955. 1:3:253-265.

A discussion of differential diagnosis in the varied rheumatic diseases, the need for uniform diagnostic criteria and a method for evaluating the progression of the disease. Three general principles of management of rheumatoid arthritis, discussed in detail, are: the long-term viewpoint, pain relief, and palliation in late disease.

See also 468.

## ASPHYXIA

439. Pretorius, P. J. (Dept. of Paediatrics, Univ. of Pretoria, Pretoria, S. Africa)

The ultimate residual lesions of asphyxia neonatorum, with three cases of proencephaly, by P. J. Pretorius and H. P. J. Pretorius. S. African Med. J. Feb. 19, 1955. 29:8:180-184.

The importance of anoxia in the development of degenerative lesions of the central nervous system in children and probably in adults is stressed. Literature in the field is reviewed, pointing out various conditions which may be caused by this factor. Three cases with porencephaly are described, two of them following prolonged post-natal and antenatal anoxia.

## BACKACHE

440. Sullivan, Joseph D. (Institute for the Crippled and Disabled, 23rd St. at First Avenue, New York 10, New York)

Psychiatric factors in low back pain. N. Y. State J. Med. Jan. 15, 1955. 55:2:227-232. Reprint.

" . . . Dr. Sullivan has covered practically every psychiatric factor that may be encountered in the patient with low back pain . . . . he has given an unusually clear picture of how varied may be the etiology of the psychogenic factors concerned. He has pointed out that the low back pain due to actual physical trauma may be the result of psychogenic determinants (as in the accident-prone patient) or may awaken or intensify pre-existing neurotic tendencies and symptoms . . . ."--Discussion by Dr. Morton Hoberman.

See also 528.

## BLIND--ETIOLOGY

441. American Academy of Ophthalmology and Otolaryngology

Symposium: Retrolental fibroplasia (retinopathy of prematurity); Algernon B. Reese, moderator. Trans., Am. Acad. Ophthalmology and Otolaryngology. Jan.-Feb., 1955. 59:1:7-41.

Contents: Clinical course, William Councilman Owens. -Pathology, Jonas S. Friedenwald. -Pediatric considerations, William A. Silverman. -Etiology of retrolental fibroplasia and preliminary report of cooperative study of retrolental fibroplasia, V. Everett Kinsey and F. M. Hemphill. -Experimental studies, Arnall Patz. -Management, Frederick C. Blodi. -Conclusions, Algernon B. Reese. -Discussion.

## BLIND--HISTORY

442. American Foundation for the Blind (15 W. 16th Street, New York 11, N. Y.)

Blindness in literature; examples of depictions and attitudes, by Jacob Twersky. New York, The Foundation, 1955. 57 p. (Research ser., no. 3) 65¢.

A study concerned with examples of the physically blind as portrayed in the literature of Western civilization, one of its aims being to trace the extent to which this literature reveals an evolution in attitudes toward the blind. Time span is divided into four periods, covering first the period before 1784 when the first school for the education of the blind was founded in Paris. The remaining three periods bring the study up to the present time. Information on sightless characters in literature is given to clarify the causes of attitudes. A bibliography of the literature surveyed is included.

#### BLIND--SPECIAL EDUCATION

443. Abel, Georgie Lee (15 W. 16th Street, New York 11, New York)

New frontiers in the education of the young blind child. New Outlook for the Blind. Mar., 1955. 49:3:87-97.

Miss Abel, who is Consultant on Education for the American Foundation for the Blind, comments on the growing number of children blind from birth, the challenge they present to educators, the value of parent participation in planning for the education of blind children, and significant changes in educational patterns. This article was presented as a paper at the First Annual Conference on Elementary Education at the School of Education, Syracuse University, during the summer of 1954.

#### BLIND--SPECIAL EDUCATION--FRANCE

444. Rossier, Alfred

L'education du jeune aveugle au "Jardin Ensoleille" de l'ecole de puericulture, (by) Alfred Rossier and Genevieve Pirault. Courrier. Oct., 1954. 4:9:481-484.

Describes the educational program of the Sunshine Garden, a center for educating blind children of pre-school age which is located in the Paris School of Child Care. It is the first educational center founded in France for blind children under five years of age; the authors are experimenting with the education of prematurely born children affected with retrolental fibroplasia from the age of 18 months. Methods of instruction are discussed. Resumes of the article in Spanish and English are included.

In the same issue, pp. 475-580, is the article, "Retinopathie des Prematures et Oxygenation," by A. Minkowski, L. Bourgonnier and Th. Ingalls.

#### BRACES

See 496.

#### BURNS

445. Wallace, A. B. (Univ. of Edinburgh, Edinburgh, Scotland)

The rehabilitation of the burned. Occupational Therapy. Feb., 1955. 18:1:20-26.

Defines the condition, the necessary early treatment, and the use of surgery in treatment. Principles governing rehabilitation of patients with burns are considered, stressing economic and social aspects. The work of medical ancillary services in restoring function is described, showing the uses of physiotherapy and occupational therapy in the rehabilitation process.

#### CEREBRAL PALSY

446. Phelps, Austin H.

My son is a cripple, as told to Austin H. Phelps. Today's Health. Mar., 1955. 33:3:38-40, 42.

How the parents of a cerebral palsied boy helped him to build a satisfying life and accept his handicap with grace. Through self-achievement and the respect accorded him for what he could do, he has gained happiness.

#### CEREBRAL PALSY--BIOGRAPHY

See 529.

#### CEREBRAL PALSY--DIAGNOSIS

447. Byers, Randolph K. (300 Longwood Avenue, Boston 15, Mass.)

Extrapyramidal cerebral palsy with hearing loss following erythroblastosis, by Randolph K. Byers, Richmond S. Paine, and Bronson Crothers. Pediatrics. Mar., 1955. 15:3:248-254.

Follow-up studies of 23 cases of kernicterus are reported in which the familiar combination of extrapyramidal palsy, defects of hearing, and disturbance of eye movement was found. The authors stress that kernicterus is a not infrequent cause of cerebral palsy in general and that kernicterus patients present a characteristic clinical picture which differs with age and with the relative severity of the different manifestations.

#### CEREBRAL PALSY--EQUIPMENT

448. Langdon, Margaret

Report of a study on the use of toys in work with cerebral palsied children, by Margaret Langdon, Cynthia Tunison Ream, and Marilyn Hill Doebler. Chicago, Natl. Soc. for Crippled Children and Adults (1955). 15 p.

Reports findings on toys presently available which are useful in work with cerebral palsied children and defines their usefulness in meeting the specific needs of children with various disabilities. The physical characteristics, admission policies, services and organization, program, staff and children served by the Meeting Street School, Providence, R.I., where the study was conducted, are described briefly. Methods of the study are reviewed and summary statements on results are presented. The pamphlet concludes with a list of toys found most useful in the center and comments on their particular usefulness. Manufacturers of each toy are listed.

Available from National Society for Crippled Children and Adults, 11 S. La Salle Street, Chicago 3, Ill., at 25¢ a copy.

#### CEREBRAL PALSY--MEDICAL TREATMENT

449. Bruner, Robert E. (3811 Broadway, Kansas City 2, Mo.)

Cerebral palsy and brain damage in pediatric practice. J. Iowa State Med. Soc. Dec., 1954. 44:558-563. Reprint.

A discussion of the pediatrician's or family physician's responsibilities to the cerebral palsied child, his family, and to his profession and community. The general management of treatment of the cerebral palsied child from infancy on and some of the problems arising from the condition are considered. Some advice on counseling parents is offered, and advances in treatment which offer hope are cited.

450. McCullough, Campbell C. (333 Argyle Bldg., Kansas City, Mo.)

Balance disturbance in cerebral palsy. Missouri Med. Apr., 1955. 52:4:278-280.

"An outline of some of the important considerations in balance training in cerebral palsy are presented. Certain operative procedures have been mentioned and discussed. It should not be thought that the operative approach is the most important phase of the rehabilitative measures in cerebral palsy. The operative phase is the least important. Physical therapy and occupational therapy, muscle training, and education, are the important tools in the rehabilitation of this neuromuscular disorder."--Summary.

## CEREBRAL PALSY--OCCUPATIONAL THERAPY

451. Bartholomew, Etain

Occupational therapy in the treatment of cerebral palsy. Occupational Therapy. Feb., 1955. 18:1:11-19.

Gives a brief resume of the main types of cerebral palsy with their clinical signs, together with some suggestions for treatment through occupational therapy.

## CEREBRAL PALSY--PHYSICAL THERAPY

452. Kortemeyer, Joy (7211 N. 7th St., Phoenix, Arizona)

Parent instruction and home programs for the cerebral palsied. Phys. Therapy Rev. Mar., 1955. 35:3:125-127. Reprint.

Factors which contribute to the success of home programs for cerebral palsied children are discussed. Suggestions on parent instruction, choosing patients who will profit from home therapy, and on the explanation and teaching of techniques to parents are given.

## CEREBRAL PALSY--PROGRAMS

453. Ward, Moira M. (Eastern N.Y. Orthopaedic Hospital School, 124 Ross Rd., Schenectady 8, N.Y.)

Group therapy for eleven preschool cerebral palsied children. Exceptional Children. Mar., 1955. 21:6:207-214, 230.

A report of an experiment using group therapy to provide individual evaluations, group instruction in cerebral palsy modalities and habilitation techniques, group instruction in speech therapy, and other professional contributions such as parent education. Data on physical involvement and cause, motor skills, ability to communicate and comprehend language are given. Methods and results are discussed.

## CHILD HEALTH

See 530.

## CHRONIC DISEASE

454. Krusen, Frank H. (102-110 2nd Ave., Rochester, Minn.)

Physical medicine and rehabilitation for chronic illness. Ohio State Med. J. Oct., 1954. 50:10:929-934. Reprint.

Dr. Krusen answers six questions concerning the physical, mental and social rehabilitation of the chronically ill, describing the present situation of chronic illness in the United States and defining physical medicine and rehabilitation. Also discussed are the increase in chronic illness, the necessity for expansion of services, the average physician's responsibility in rehabilitation of the chronically ill, and results to be expected.

455. Roberts, Dean W. (615 N. Wolfe St., Baltimore 5, Md.)

The over-all picture of long-term illness. J. Chronic Diseases. Feb., 1955. 1:2:149-159.

Presents data on the problem of care for long-term patients, on the magnitude of the problem, and estimates of additional facilities needed to cope with the growing number of chronic long-term patients, with a discussion of reasons for our current failure to meet the needs of this group of the disabled.

This address was given at "A Conference on Problems of Aging," June 9-14, 1954, at the School of Public Health, Harvard University.

## CLEFT PALATE--SPEECH CORRECTION

456. Glover, Donald M. (10300 Carnegie Ave., Cleveland 6, Ohio)

A surgeon's views concerning certain controversial points in cleft palate rehabilitation. Cleft Palate Bul. Jan., 1955. 5:1:5-7.

Controversy over the early surgical repair of cleft palate (at the age of two), its effect on the production of satisfactory speech, and its influence on bone growth of the maxillary complex gave rise to the author's study of results of treatment. His conclusions are presented, after objective evaluation of roughly a thousand cases treated over a period of thirty years.

An abstract of a paper presented at the 1954 convention of the American Association for Cleft Palate Rehabilitation.

## CLINICS (ITINERANT)

457. Lynndelle, Vivian

Grass roots approach to hearing problems in Santa Clara County, California. Hearing News. Mar., 1955. 23:2:5-7.

How a mobile unit is used in a hearing program in one county of California; how speech and hearing services are administered, and a description of the mobile unit and its equipment.

## COLOSTOMY

458. Kaufmann, Margaret A. (Univ. of California, Los Angeles, Calif.)

A new method of colostomy irrigation, by Margaret A. Kaufmann and Mrs. Edith V. Samartino. Nursing World. Mar., 1955. 129:3:9-11.

A sympathetic approach to the psychological impact upon the patient has resulted in the development of a new method of colostomy irrigation of the closed type. Apparatus is described; its cost is inexpensive and it can be assembled at home. In the hospital it is useful since the apparatus can be boiled for sterilization and used by more than one patient.

## CONGENITAL DEFECT

459. Nisenson, Aaron (6317 Wilshire Blvd., Los Angeles 36, Calif.)

Masklike facies with associated congenital anomalies (Möbius syndrome); report of three cases, by Aaron Nisenson, Alvin Isaacson, and Sidney Grant. J. Pediatrics. Mar., 1955. 46:3:255-261.

Essential features of the Möbius syndrome are presented and various theories of its etiology are discussed. "... The importance of differentiating this congenital syndrome at birth from pseudobulbar palsy, traumatic facial palsy, and mongolism is emphasized. The necessity of treating most of these children as mentally normal individuals is important, despite the fact that they appear dull and have verbal difficulties."--Summary.

## DAY CAMPING

See 487.

## DEAF

460. Alexander, Lucian W.

Management of the deafened patient; with special reference to the role of the general practitioner. J. Louisiana State Med. Soc. Mar., 1955. 107:3:107-116.

DEAF (continued)

A definition and classification of types of deafness, with their etiologic differences, treatment, and prognosis explained for the benefit of the general practitioner. The social, psychological, and economic aspects of problems caused by deafness in children and adults, are discussed. The value of hearing aids and the fenestration operation in the treatment of deafened adults is discussed briefly.

DEAF--BIBLIOGRAPHY

See 531.

DEAF--MENTAL HYGIENE

461. Levine, Edna S. (Lexington School for the Deaf, 904 Lexington Ave., New York 21, N.Y.)

The emotional problems of young deaf children. Illinois Advance. Feb., 1955. 88:5:1-3, 12-13.

A paper presented at a Workshop for Parents of Preschool Deaf Children, September, 1954, and containing explanations of the frustrations which the deaf child experiences, attitudes of parents which complicate the child's emotional problems, and the value of nursery school experience for the pre-school deaf child.

DEAF--SPECIAL EDUCATION

462. Alexander Graham Bell Association for the Deaf

Relation of peripheral fields to the education of the deaf; a summer meeting panel discussion, June 17, 1954. Moderator: Helen S. Lane. Volta Rev. Mar., 1955. 57:3:117-123.

Contents: Education in a hearing high school, Annabel Remnitz. - Vocational guidance, Julia Alsberg. - Experimental psychology, Ira J. Hirsch. - The pediatrician and the deaf child, Jean Holowach. - Clinical psychology, Mary Lyon Sutton. - Acoustical engineering, R. W. Benson.

See also 435; 520.

DENTAL SERVICE

463. Album, Manuel M. (1930 Chestnut St., Philadelphia, Pa.)

Dentistry for the handicapped child. Dental Radiography and Photography. 1954. 27:4:57-67. Reprint.

A review of the various types of handicapped children whom the dentist may be called upon to treat, the problems each presents in treatment, and a description of techniques for anesthetizing patients preparatory to treatment. Pp. 63-67 present a picture story, in colored photographs, of the various steps in performing dentistry on the handicapped child.

464. Goldman, Henry M. (Beth Israel Hosp., Boston, Mass.)

Dental abnormalities of importance to the medical practitioner. Ciba Clinical Symposia. Jan.-Feb., 1955. 7:1:3-22.

A concise review of dental abnormalities and their importance to the physician, illustrated with color plates.

## DIABETES--ETIOLOGY

465. Steinberg, Arthur G. (Children's Med. Center, Boston, Mass.)

Heredity and diabetes. Eugenics Quarterly. Mar., 1955. 2:1:26-30.

In same issue: Herndon, C. Nash. Clinical implications of genetic susceptibility to diabetes mellitus. p. 31-32.

A discussion of the variables of age and family history relative to estimating the probability of a relative of a diabetic being genetically liable to diabetes. Data from four recent studies each of which examined the families of more than 1,000 patients is presented, and tables are given for applying the information in estimating the probabilities.

In the article by C. Nash Herndon, clinical implications of genetic susceptibility to diabetes indicate that certain preventive measures should be taken to avoid the possibility of the disease developing.

## EMPLOYMENT

466. Bloustein, Murray

After high school, what? Job status of home instruction pupils four to seven years after graduation. Exceptional Children. Mar., 1955. 21: 6:219-221.

A teacher of the homebound for the Bureau for the Education of the Physically Handicapped, New York City, reports results of a survey of the occupational status of 129 severely handicapped high school graduates of home instruction. Data on those employed and unemployed, earnings with regard to types of training in high school and after graduation, time elapsing before being employed, job classifications, and aids in placement are given. From findings the author concludes that employers must still be "sold" on hiring the handicapped and access to the labor market for the severely impaired still is dependent on intervention by rehabilitation personnel.

## EXERCISE

467. McCloy, C. H. (Dept. of Phys. Education, State Univ. of Iowa, Iowa City, Iowa)

Something new has been added. J., Assn. for Physical and Mental Rehabilitation. Jan.-Feb., 1955. 9:1:3-4.

A description of a new type of exercise for building up strength, useful in corrective therapy for post-operative patients, for improving or regaining functional efficiency in paralyzed parts after poliomyelitis, and for the regaining of strength after rheumatic fever.

## FIBROSITIS

468. Graham, Wallace (Univ. of Toronto, Toronto, Canada)

Fibrositis and non-articular rheumatism. Phys. Therapy Rev. Mar., 1955. 35:3:128-133.

A paper dealing with the non-articular condition known as "fibrositis," its clinical manifestations, classification, incidence, etiology, pathology, and treatment. Some of the confusing theories concerning the condition are discussed and a more positive approach to treatment is suggested.

## GIFTED CHILDREN--PSYCHOLOGICAL TESTS

469. Bayley, Nancy (Institute of Child Welfare, Univ. of Calif., Berkeley 4, California)

The maintenance of intellectual ability in gifted adults, by Nancy Bayley and Melita H. Oden. J. Gerontology. Jan., 1955. 10:1:91-107.

Presents data from a study of intellectually superior adults which give strong evidence that intelligence of the type tested by the Concept Mastery scale continues to increase at least through 50 years of age. Subjects of the study are from the Stanford Study of the Gifted, a research program undertaken by Louis M. Terman more than 30 years ago. Tests were administered twice since the original research, at twelve year intervals. There was a highly significant increase in scores at the second testing, both by the subjects of the gifted study and by their husbands and wives. Increases occurred in all occupational and educational levels represented, at all levels of ability tested, except where the test ceiling prevented, and at all ages from 20 to 50 years.

## HANDICAPPED

470. Brecher, Ruth

New hope for the handicapped child, by Ruth and Edward Brecher. Parents Magazine. Apr., 1955. 30:4:50-51, 89-94.

In same issue: Stough, Ada Barnett. More Federal aid is needed for crippled children. p 51.

What is being done, what needs to be done, and the cost of such services to assure handicapped children a fair chance and the right care are explained in these articles.

## HARD OF HEARING

471. Hardy, Martha Crumpton (1706 Greenleaf Ave., Chicago 26, Illinois)

Socio-economic background of children with impaired hearing. Child Development. Dec., 1954. 25:4:295-308.

"The hypothesis that children with impaired hearing are representative of a segment of the population very low in socio-economic status has been examined from the point of view of incidence of hearing loss among children from sharply contrasting socio-economic backgrounds. The results fail to establish the hypothesis, whether socio-economic status was determined by characteristics of the neighborhood environment or aspects of living conditions of individual families and their need for community services as revealed by contacts with social agencies. Where differences were observed, they suggested a lower incidence of hearing defects among children from underprivileged neighborhoods than from the favored."--Summary.

472. Zwerling, Samuel (789 St. Marks Ave., Brooklyn 3, New York)

Rehabilitation of the acoustically handicapped. Bul., Am. Rehabilitation Committee. Jan., 1955. 3:4: (1-2).

Aspects of a well-rounded rehabilitation program for the hard of hearing are discussed, considering the part played by the otologist, the parents, pediatrician, the psychiatrist when necessary, and non-medical services of the speech and hearing therapist, social case worker, educational and vocational counselor. Through the help of this varied "team" the child with a hearing impairment can learn special compensatory skills to overcome his handicap.

#### HARD OF HEARING--SOCIAL SERVICE

473. Fibush, Esther W. (Family Service Bur., 2029 Thirteenth Ave., Oakland 6, Calif.)

The problem of hearing loss. Social Casework. Mar., 1955. 36:3:123-130.

Personality factors involved in the adjustment of the person with a hearing loss are discussed, and the contributions the social caseworker can make in helping the person with a hearing loss adapt to his handicap are reviewed.

#### HEALTH SERVICES--SURVEYS

474. Anderson, Odin W. (420 Lexington Ave., New York 17, N.Y.)

Symposium on community self-surveys in health. Am. J. Public Health. Mar., 1955. 45:3:273-284.

Contents: Social aspects of health action: Salem, Mass., Floyd Hunter. - Citizen participation, social scientists, and the community self-survey, Solon T. Kimball. - Role of social relationships in achieving community health goals, Christopher Sower and Walter Freeman.

Introductory remarks by Dr. Anderson and the three papers of the symposium, presented here in shortened form, were given before a Joint Session of the Dental Health, Food and Nutrition, Health Officers, Public Health Education, and Public Health Nursing Sections of the American Public Health Association at the annual convention, October 14, 1954. Practical difficulties arising from the involvement of "the people" in public health programs are evident in these discussions.

#### HEART DISEASE

475. Rogers, Arthur M. (Univ. of Pennsylvania Hosp., 36th and Spruce St., Philadelphia 4, Pa.)

Home care, rehabilitation and placement in industry of patients with cardiovascular disease. Med. Clinics of N. Am. Nov., 1954. 38:6: 1785-1788. Reprint.

A brief article discussing the Philadelphia Home Care Plan for the rehabilitation of patients with chronic cardiovascular disease. Two case histories illustrate some of the problems of rehabilitation with these patients. Literature in the fields of management of the disease and placement in industry is cited.

#### HEREDITY

See 465.

#### HOMEBOUND--SPECIAL EDUCATION

See 466.

#### HOSPITALS--DESIGNS AND PLANS

476. Hospitals. Mar., 1955. 29:3.

Entire issue devoted to the subject.

"Most of this issue of Hospitals is devoted to a broad treatment of the subject of planning and construction...." Dr. Howard A. Rusk has contributed a brief article on meeting changing needs through rehabilitation

## HOSPITALS--DESIGNS AND PLANS (continued)

facilities. On p. 90-91 the Institute of Physical Medicine and Rehabilitation, Methodist Hospital Division, of Peoria, Ill., is described briefly and illustrated with floor plans.

## HOSPITALS--PHYSICAL THERAPY DEPARTMENTS

477. Stamm, Marjorie N. (515 State St., St. Joseph, Mich.)

Physical therapy in a small hospital. Phys. Therapy Rev. Apr., 1955. 35:4:181-185.

A discussion of the new department in the small general hospital of 100 beds or less in a community where physical therapy has not been available previously. Factors to be considered by the hospital in setting up a physical therapy department are enumerated; qualifications of the therapist, installation, equipment and operation are discussed. A hypothetical case of how these principles are put into action in a typical small general hospital physical therapy department is presented.

## KNEE

478. Anderson, Thomas P. (Mary Hitchcock Memorial Hosp., Hanover, N.H.)

Management of degenerative joint disease of the knee. Arch. Phys. Med. and Rehab. Mar., 1955. 36:3:154-159.

A limited but pain-free use of the involved joints can be offered the patient with degenerative joint disease, even where there is marked ligamentous instability and extensive damage of the articular surfaces. Functional stability can be regained by hypertrophying the quadriceps. A progressive program of first alleviating the pain and inflammatory reaction and correcting the contributing mechanical factors before permitting ambulation with supports is described. Limitation of ambulation and supports is decreased as strength and stability of the joint is attained.

## LEG

479. Rapp, Ira H. (123 W. 7th St., Charlotte 2, N.C.)

The limp in infancy and childhood. N.C. Med. J. Feb., 1955. 16:2: 57-61. Reprint.

In same issue: Margolis, Richard. Gangrene of the leg in an infant; p. 61-62.

A discussion concerned with the more common causes of hip lameness, exclusive of poliomyelitis, in infancy and childhood. Symptoms and treatment are considered briefly.

In the article "Gangrene of the leg in an infant", a case of apparent arterial occlusion in a 4 day old infant resulting in gangrene of an extremity is presented. An embolus from the ductus arteriosus or an umbilical artery is suggested as the etiologic agent. Satisfactory results were achieved with conservative therapy.

480. Siffert, Robert S. (910 Park Avenue, New York 21, N. Y.)

Unequal leg length, by Robert S. Siffert and Margaret A. Losty. Am. J. Nursing. Mar., 1955. 55:3:294-296.

A discussion of the causes of unequal leg length, secondary changes due to inequality of length, the role of the public health nurse in early case finding and parent counseling, the use of corrective shoes, and surgical procedures for correcting unequal leg length.

#### MEDICAL SERVICE--PERSONNEL

481. National Health Council (Health Careers, Box 1400, New York 1, N.Y.)  
Health careers guidebook. New York, The Council, 1955. 153 p. illus.  
Designed primarily as a counseling tool, the Guidebook is a text-and-picture documentary of the whole field of health services and 156 different health occupations, to help young people explore occupational opportunities. "Briefings" on each occupation include facts about the nature of the work, qualifications and training, employment and salary possibilities.  
This book represents the first step in the Council's Health Career Horizons Project and is being distributed nationwide to 29,000 secondary schools and junior colleges.
482. National Health Council (Health Careers, Box 1400, New York 1, N.Y.)  
Partners for health. New York, The Council, 1955. 40 p. illus.  
Intended primarily for the student, for use in conjunction with Health Careers Guidebook, this booklet consists of the first 40 pages of the Guidebook, which serves as an introduction to a consideration of careers in health and medical services.

#### MENTAL DEFECTIVES--ETIOLOGY

483. Gibb, J. W. G.  
Arrested mental development induced by lead-poisoning, by J. W. G. Gibb and J. F. MacMahon. Brit. Med. J. Feb. 5, 1955. 4909:320-323.  
A case of arrested mental development caused by lead-poisoning has been described and its implications and those of other cases in the literature have been discussed with particular reference to plumbism, pica, and the need for appropriate screening and follow-up of cases presenting symptoms suggestive of plumbism. The case history illustrates the importance of early and adequate diagnosis if mental retardation is to be prevented.  
In the same issue, pp. 324-326, is the article, "Lead-poisoning in children; correlation of clinical and pathological findings," by H. B. Marsden and V. K. Wilson.

#### MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

484. Newman, J. Robert (Dept. of Psychology, Univ. of Illinois, Urbana, Ill.)  
Differences between verbal and performance IQ's with mentally defective children on the Wechsler Intelligence Scale for Children, by J. Robert Newman and Frank M. Loos. J. Consulting Psychology. Feb., 1955. 19:1:16.  
Three groups of mentally defective children, classified as familial, undifferentiated, and brain damaged, were tested to determine whether or not differences existed between verbal and performance IQ's. Conclusions drawn from statistical analysis of the WISC subtest scores are given in this brief report. An extended report of the study is available from the author.
485. Rosenblum, Sidney (Wayne Co. Training School, Northville, Mich.)  
Davis-Eells ("Culture-Fair") Test performance of lower-class retarded children, by Sidney Rosenblum, James E. Keller, and Ned Papania. J. Consulting Psychology. Feb., 1955. 19:1:51-54. Reprint.

## MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

Davis-Eells (culture-fair) Games were administered to 30 school-age boys in residence at the Wayne County Training School to determine whether they would reveal intellectual potential in the subjects not disclosed by other intelligence tests. Results were compared with those of three other standardized intelligence tests: the Binet, WISC, and California Test of Mental Maturity. Conclusions were that for this population the Davis-Eells Games do not tend to reveal a "truer" picture of hidden intellectual potential by virtue of their elimination of culturally unfair items. Explanations are offered for the findings and suggestions are made for further research with the Games.

486. Satter, George (Vineland Training School, Vineland, N.J.)

Retarded adults who have developed beyond expectations: Part I, Intellectual functions, and Part II, Non-intellectual functions by George Satter and Eugene McGee; Part III, Further analysis and summary, by George Satter. Training School Bul. May & June, 1954, Feb., 1955. 51:3, 4, & 10. 3 pts.

A series of articles which attempt to describe the characteristics of a select group of mental defectives functioning today at a level consistently higher than anticipated from its psychometric performance at the time of admittance to The Training School. A factor analysis was made on a group of 27 variables found to discriminate between those developing beyond expectation and those who have not. While the variables would appear to cover a variety of functions, they emerge from the analysis as segments of "intelligence" and no differences in motivation, attitude or in work habits emerge as explanatory principles.

Parts I and II of the series were listed and annotated in the Bulletin on Current Literature, Aug., 1954. (#835, 836).

## MENTAL DEFECTIVES--RECREATION

487. Ryan, Patrick J. (Director of Recreation, Boston, Mass.)

Two playground plans that are successful in Boston for the mentally retarded youngsters. Recreation. Apr., 1955. 48:4:166-167.

A summer day camp and a winter recreation program held on Saturdays have been used since 1952 in Boston to provide recreational facilities for the mentally retarded children of the community. Values of the experiment and a brief description of program are discussed.

## MENTAL DEFECTIVES--SPECIAL EDUCATION

See 435;521;522.

## MONGOLISM

488. Goldstein, Hyman (217 E. 17th St., New York, N.Y.)

A study of mongolism and non-mongoloid mental retardation in children. Arch. Pediatrics. Jan., 1954. 71:1:11-28. Reprint.

An article based on clinical research study extending over 25 years; subjects of the study were 206 cases of mongolism, or congenital acromicria with mongoloid features, and 115 cases of the non-mongoloid mentally retarded children sometimes referred to as "familial mentally retarded children." The author presents a reasonable theorem to explain the probable causes responsible for this intrauterine abnormal pattern of fetal growth.

## MONGOLISM (continued)

489. Goldstein, Hyman (217 E. 17th St., New York, N. Y.)

Treatment of mongolism and non-mongoloid mental retardation in children. Arch. of Pediatrics. Mar., 1954. 71:77-98. Reprint.

A discussion of the seven phases of therapy for the mentally retarded child: prophylaxis, endocrine therapy, glutamic acid with hormones, typhoid vaccine, vitamins, and drugs, speech and physiotherapy, brain surgery, physiological guidance and education. Literature in the field is reviewed. Fourteen cases with brain surgery are cited briefly.

## MONGOLISM--ETIOLOGY

490. Lande-Champain, Lotte (Sunny Rock, Estes Park, Colo.)

The etiology of mongolism. J. Child Psychiatry. Apr., 1954. 3:1:53-69. Reprint.

"This paper is based on detailed case histories of 150 mongoloids, taken by the personal interview method, and on personality studies of their mothers.... The experience of this study, in agreement with generally accepted facts concerning the physiology and pathology of sexual functions, support the old 'germinal' hypothesis regarding the etiology of mongolism ...."

## MULTIPLE SCLEROSIS--PSYCHOLOGICAL TESTS

491. Schontz, Franklin C. (Highland View Hosp., Cleveland 22, Ohio)

MMPI responses of patients with multiple sclerosis. J. Consulting Psych. Feb., 1955. 19:1:74.

Conclusions from this study of the responses of multiple sclerosis patients to the Minnesota Multiphasic Personality Inventory were that the present sample could be differentiated from a sample of patients with chronic illnesses by evidence of higher levels of self-concern, body anxiety, and uncertainty of response in the multiple sclerosis patients. An extended report of this particular brief report can be obtained from the author.

## MUSCULAR DYSTROPHY--ETIOLOGY

492. Beckett, A. G. (Royal Free Hosp., London, England)

Muscular dystrophy occurring in identical twins. Brit. Med. J. Feb. 12, 1955. 4910:389-391.

"Muscular dystrophy is reported as occurring in identical male twins now aged 45; in one the disease is severe and incapacitating, but in the other it is so mild that he is unaware that he is affected. No explanation can be given for this difference."--Summary.

## NEUROLOGY

493. Rowbotham, G. F.

The physiology of the central nervous system as seen from the viewpoint of the physiotherapist, by G. F. Rowbotham and D. P. Hammersley. Physiotherapy. Feb., 1955. 41:2:35-44.

Reviews the underlying neurological principles which govern and dictate treatment of disability.

#### PARAPLEGIA--EQUIPMENT

494. Baldino, John J. (VA Hosp., Bronx, New York)

A progressive approach to ambulation for patients with peripheral paralysis, by John J. Baldino and Arthur D. Tauber. J. Assn. for Phys. and Mental Rehabilitation. Jan.-Feb., 1955. 9:1:8-9.

Describes a method for progressing the patient from bed to the beginning of ambulation training which will eliminate all unpleasant aspects produced by the stress of radical changes in position. Two simple devices which provide weight-bearing opportunities for the patient ready for the experience but not yet provided with braces are described.

#### PARAPLEGIA--MEDICAL TREATMENT

495. Bors, Ernest (V.A. Hosp., Long Beach, Calif.)

Sequelae of spinal cord injuries. Phys. Therapy Rev. Apr., 1955. 35:4:177-181.

A discussion of the three phases of rehabilitation of patients with spinal cord injuries--the medical, physical and vocational. Considered briefly are diagnosis and early treatment and the management of later stages with their neurosurgical, urological, orthopedic, gastroenterological, metabolic, and psychological problems. For vocational and industrial rehabilitation, the active phases of training must wait until the patient is physically fit to participate in such activities.

496. Machek, Otakar (St. Louis Univ. School of Med., St. Louis, Mo.)

Should the paraplegic be braced?, by Otakar Machek and Hardin A. Collins. Missouri Med. Mar., 1955. 52:3:190-192. Reprint.

A report of a three year study of 83 paraplegics revealed the need for more realistic planning of the rehabilitation program. Such a program can be carried out successfully in a small rehabilitation center. The need for bracing was discussed and literature on the subject reviewed. Included is a series of cartoons intended for the education of patients and to motivate them to carry out the complete rehabilitation program.

#### PARENT EDUCATION

497. Child Study Association of America (132 E. 74th St., New York 21, N.Y.)

When parents get together; how to organize a parent education program, by Gertrude Goller. New York, The Assn., c1955. 47p. 50¢.

With the increasing interest in educational programs for parents, the Child Study Association of America has met the need for information on parent education programs with the publication of this pamphlet which defines the philosophy of parent education and discusses the many types of programs best suited to particular situations. Advice on organization, methods and media, role of the group member, and qualifications for group leadership is given. A list of resources for material for programs is included.

#### PLAY THERAPY

498. Lebo, Dell (Carter Memorial Hosp., 1315 W. 10th St., Indianapolis 7, Ind.)

The expressive value of toys recommended for non-directive play therapy. J. Clinical Psychology. Apr., 1955. 11:2:144-148. Reprint.

## PLAY THERAPY (continued)

"Using 4,092 statements made in 60 individual non-directive play therapy sessions by 20 normal children aged 4 to 12 years, the present experiment found that the use of toys suggested by non-directive play therapists did not seem to encourage children to verbally express themselves to a greater extent than did nonrecommended toys or not playing with toys. It is suggested that the non-directive play relationship might not require the creative or dramatic toys of the Freudian diagnostic play relationship."

--Summary.

## POLIOMYELITIS--MEDICAL TREATMENT

499. Neu, Harold N. (324 City Natl. Bank Bldg., Omaha 2, Neb.)

Medical management of the long-term respirator patient, by Harold N. Neu and Harold A. Ladwig. J. Chronic Diseases. Feb., 1955. 1:2:160-167.

A discussion of the nutritional problems of the long-term respirator patient, problems related to the physical findings, complications of the tracheotomy and respiratory infections, and the process of weaning the patient from the tank respirator.

## POLIOMYELITIS--PHYSICAL THERAPY

500. Smith, Laura K. (Southwestern Poliomyelitis Respiratory Center, Houston, Tex.)

Physical therapy in the poliomyelitis respiratory patient; method of the Southwestern Poliomyelitis Respiratory Center, by Laura K. Smith (and others). Physiotherapy. Feb., 1955. 41:2:44-51.

Describes the program of the Southwestern Poliomyelitis Respiratory Center for the management of the severely involved poliomyelitis patient in the acute and post-acute phases of the disease. Emphasis is placed on the comprehensive nature of the program and the role of physical therapy in treatment.

## PSYCHOLOGICAL TESTS

501. Allen, Robert M.

Guide to psychological tests and measurements. Coral Gables, Fla., Univ. of Miami Pr., 1954. 115 p. Planographed. Spiral binding.

This booklet, following closely Dr. Allen's unit plan for teaching an undergraduate course in Tests and Measurements, presents an overview of the problems in test construction and the theoretical concepts from which such devices evolve. Rationale for the use of tests is given and limitations and pitfalls in administration are pointed out. A chapter on the standards and ethics of the practice of psychology is included and qualifications of test users are defined. Includes an 83-item bibliography.

Distributed by the University of Miami Bookstore, Coral Gables, Fla., at \$1.25 a copy.

502. Wenar, Charles (912 South Wood St., Chicago, Ill.)

The effects of a motor handicap on personality; II. The effects on integrative ability. Child Development. Dec., 1954. 25:4:287-294.

Reprint.

A report of an experiment designed to test the hypothesis that a motor handicap produces a decrease in integrative ability and corresponding

## PSYCHOLOGICAL TESTS (continued)

increase in deviate solutions to problems. The World test was administered to a group of handicapped and non-handicapped children. Results indicated that there is significant decrease in integrative ability in children with a motor handicap, with a tendency for increased severity of handicap to result in a corresponding decrease in ability. There was no evidence that a motor handicap produces a particular kind of deviate thinking in the child, or necessarily forces him to extremes of deviate thinking.

This study, as well as the one annotated in the Bulletin on Current Literature, Aug., 1954, #642, was sponsored by the Coordinated Program for Handicapped Children and was done at The Institute for Psychosomatic and Psychiatric Research and Training, Michael Reese Hospital, Chicago.

## RECREATION

503. Turner, John A. (Supt. of Recreation, St. Louis, Mo.)

What the playground can do for the handicapped child. Recreation. Apr., 1955. 48:4:178.

Three basic and universal needs of children which the playground and playground leader can satisfy for the handicapped child are the need for physical well-being, personal recognition, and security, love and affection. With proper supervision and a program geared to the interests and abilities of the handicapped, the playground can contribute to the satisfactory adjustment of these children.

## RECREATION--EQUIPMENT

See 448; 498.

## REHABILITATION

504. Rusk, Howard A. (400 E. 34th St., New York, N. Y.)

Economic values of rehabilitation, by Howard A. Rusk and Eugene J. Taylor. J. Chronic Diseases. Feb., 1955. 1:2:222-223.

A brief editorial presenting some statistics on the number of physically handicapped men and women who could, with adequate vocational rehabilitation services, become employable, as well as significant figures on the past benefits of rehabilitating the handicapped from the economic standpoint.

## REHABILITATION --CALIFORNIA

505. California. State Department of Education (Sacramento 14, Calif.)

Rehabilitation of disabled parents in the Aid to Needy Children program; an experiment in co-operative relations. Sacramento, The Dept., 1954. 80 p. (Bul., Calif. State Dept. of Education. Aug., 1954. 23:6.)

A report on a demonstration project initiated by the California Bureau of Vocational Rehabilitation in 1951 which explored the extent of need for vocational rehabilitation services on the part of disabled parents of children receiving assistance under the Aid to Needy Children program. Described in detail are the planning, organization, methods and conclusions of the study. Newer concepts of the rehabilitation of public assistance recipients are resulting from this study.

## REHABILITATION--GREAT BRITAIN

506. Great Britain. British Council for Rehabilitation (Tavistock House South, Tavistock Square, London, W.C. 1, England)  
Rehabilitation; a blueprint for the future. London, The Council, n.d.  
23 p.

An outline of the facilities which should be available for any handicapped or disabled person in a given area, with a brief discussion of the requirements for a complete rehabilitation service, and a review of existing facilities, mainly in England and Wales. It covers treatment services, educational, training, and employment services, housing accommodations, and recreational facilities. A list of national, regional and local organizations from which additional information can be obtained in England, Scotland and Northern Ireland is included.

Available from British Council for Rehabilitation at 6 d. a copy.

507. Toabe, Sidney L.

Five steps through British rehabilitation. J., Assn. for Phys. and Mental Rehabilitation. Jan.-Feb., 1955. 9:1:13-15.

Five types of facilities covering all phases of rehabilitation in Great Britain are presented here with descriptions of their programs, staffs, and services offered. Included are an accident hospital, a rehabilitation center, a limb fitting unit, industrial rehabilitation unit, and a training college for the disabled.

## REHABILITATION--GREECE

508. Macris, Georges

Rehabilitation and vocational training in Greece. Bul., Internatl. Soc. Security Assn. Sept.-Oct., 1954. 7:9-10:367-371. Reprint.

A brief review of historical facts concerning rehabilitation in Greece, its present status, and a description of rehabilitation centers and specialized institutions (institutes for the blind and deaf mutes). Activity of the Social Insurance Institute is described briefly.

## REHABILITATION--ITALY

See 532.

## REHABILITATION--PROGRAMS

509. Scheele, Leonard A. (4th St. and Independence Ave., S. W., Washington 25, D. C.)

New partnerships in rehabilitation and public health. J. Rehabilitation. Jan.-Feb., 1955. 21:1:4-6, 14.

Present day problems presented by chronic illness, mental disease and defect, and the health problems of an aging population call for a close working relationship between the public health department and the rehabilitation agency. This article is a discussion of the common problem faced by both organizations and the part each plays in its solution.

## REHABILITATION--SURVEYS--GREAT BRITAIN

510. Fowler, P. B. S. (Charing Cross Hosp., London, Eng.)

The pathology of rehabilitation. Lancet. Mar. 5, 1955. 268:6862:467-471.

## REHABILITATION--SURVEYS--GREAT BRITAIN (continued)

A report of findings of a study of the effect of physical and mental disease on rehabilitation and the relative importance of different factors that hinder rehabilitation. Subjects of the study were 1945 disabled persons from south-east England, 30 per cent of whom needed sheltered workshop conditions for employment. These were a representative sample of the total register set up under the Disabled Persons Act in 1944 in England. Rehabilitation of those disabled by medical conditions was more difficult than for those with static disability resulting from injury.

## REHABILITATION CENTERS

511. Worden, Ralph E. (Univ. Hosp., Neil and 11th Ave., Columbus, Ohio)  
Civilian hospitals as rehabilitation centers. Ohio State Med. J.  
Oct., 1954. 50:10:935-937. Reprint.

A concise outline of the team approach to physical and vocational rehabilitation. With local civilian hospitals providing evaluation of the needs and capacities of the disabled person and giving appropriate individualized services of an all inclusive nature, three of the most important problems of rehabilitation are solved, namely: the best location of the rehabilitation center, facilities to meet the needs of the greatest number of the disabled, and the opportunity to educate the medical staff and public.

## RHEUMATIC FEVER--DIAGNOSIS

512. Wedum, Bernice G. (Children's Hosp., 2125 13th St., N.W., Washington 9, D. C.)

Differential diagnosis of rheumatic fever in office practice, by Bernice G. Wedum and Paul H. Rhodes. J. Am. Med. Assn. Mar. 19, 1955. 157:12:981-986.

A discussion based chiefly on experience gained in the examination of 2,639 children seen in consultation for the presence of active rheumatic fever and heart disease, it presents problems encountered by over 250 physicians in practice. Because of errors in the early diagnosis of rheumatic fever and heart disease often result in labeling normal children rheumatic or cardiac, these observations on evaluating certain signs are made.

## RHEUMATIC FEVER--MEDICAL TREATMENT

513. Great Britain. Medical Research Council

Treatment of acute rheumatic fever in children; a co-operative clinical trial of A.C.T.H., cortisone, and aspirin. Brit. Med. J. Mar. 5, 1955. 4913:555-576.

"A joint report by The Rheumatic Fever Working Party of the... and the Subcommittee of Principal Investigators of the Am. Council on Rheumatic Fever and Congenital Heart Disease, Am. Heart Assn."

"Six centers in the United Kingdom, five in the United States, and one in Canada have collaborated in a trial of the relative merits of A.C.T.H., cortisone, and aspirin in the treatment of acute rheumatic fever and the prevention of rheumatic heart disease. The present report relates to children under the age of 16 and compares the effects of the three drugs on the acute course of the disease and on the persistence and development of rheumatic heart disease through one subsequent year...."

--Summary.

## RHEUMATIC FEVER--MEDICAL TREATMENT (continued)

No evidence was presented that any of the three agents resulted in uniform termination of the disease and at the end of one year there was no significant difference between the three treatment groups in the status of the heart.

## SEGREGATION AND NONSEGREGATION

See 462; 517; 518

## SHOES

514. Blockey, N. J.

Sandal of variable height for assessing limb-length discrepancies. Lancet. Feb. 5, 1955. 268:6858:286-287.

A description of a sandal designed to measure the necessary lift for equalizing limb-length discrepancies. It has been found superior to corrections measured by a tape-measure or those assessed by having the patient stand with the heel of the foot on wooden blocks of various heights, customary procedures followed when prescribing or ordering surgical shoes.

## SOCIAL SERVICE--CASEWORK

515. Benney, Celia (71 W. 47th St., New York 36, N.Y.)

The role of the caseworker in rehabilitation. Social Casework. Mar., 1955. 36:3:118-123. Reprint.

An interpretation of the role of the social caseworker in the rehabilitation "team," her responsibilities in the psychosocial area, her part in communicating and interpreting social findings to the team, and her relations with the family and the patient.

## SOCIAL SERVICE--FINANCE

516. Lurie, H. L. (165 W. 46th St., New York 36, N.Y.)

Private philanthropy and federated fund-raising. Soc. Service Rev. Mar., 1955. 29:1:64-74. Reprint.

A discussion on the growth and development of federated fund-raising, its relation to the entire field of philanthropy, its scope and limitations, its effect on the organization of social welfare, and its effect on the "giving" pattern.

## SOCIAL WELFARE--ADMINISTRATION

See 533.

## SPECIAL EDUCATION

517. Cruickshank, William M. (Syracuse Univ., Syracuse 10, N.Y.)

New horizons in education of the handicapped child. Am. J. Public Health. Mar., 1955. 45:3:306-311.

Changing concepts in education of the handicapped stress the importance of early discovery of exceptional children and their early admission to an educational program, integration of the handicapped with the non-handicapped, honest diagnosis and prognosis, continuous guidance, parent education, and more adequate teacher preparation.

## SPECIAL EDUCATION (continued)

518. Fenton, Joseph

There is a place for the crippled child in the "regular" classroom. N.Y. State Education. Mar., 1955. 42:6:388-389, 446.

In same issue: Schaffer, Elliott J. No speech problem exists in a vacuum. pp. 387, 446.

Crippled children can, with special planning and consideration, receive their education in the "regular" classroom. Maximum development of the crippled child depends upon meeting his physical, educational, vocational and psychological needs. The regular class teacher must be aware of these needs and familiar with methods for meeting them and the school must be organized to provide special guidance to the child and his parents.

Mr. Schaffer's brief article points out some of the speech problems found among school children, the value of educating these children in the regular classroom, and the administration of speech correction work in the schools.

## SPEECH CORRECTION

519. Laguaite, Jeannette K. (Tulane Univ. School of Med., New Orleans, La.)

Causes of defective speech in children; analysis of 140 cases.

J. Louisiana State Med. Soc. Mar., 1955. 107:3:119-121.

An analysis of 140 cases seen in the Speech and Hearing Center at Tulane Medical School presents interesting data on the etiology of atypical speech development.

See also 518; 534.

## VOCATIONAL GUIDANCE

520. American Foundation for the Blind (15 W. 16th St., New York 11, N.Y.)

Vocational counseling of blind students. New York, The Foundation, 1955. 24 p. (Vocational ser. no. 3) 30¢.

Reports findings of a study sponsored by the Committee on Relationships between Rehabilitation Agencies and Schools for the Blind of the States Vocational Rehabilitation Council. The counseling program for blind students has often been complicated by differences in the two sources of counseling, one in the schools and the other in rehabilitation agencies. Data on students, counseling procedures, and counselors are included and areas of agreement and disagreement on the part of schools and agencies are disclosed.

521. Fitzpatrick, F. K. (Botleys Park Hosp., Chertsey, Surrey, Eng.)

Vocational guidance in a mental deficiency hospital. Occupational Therapy. Feb., 1955. 18:1:7-10.

Vocational guidance service, evolved over a period of forty years by the National Institute of Industrial Psychology in England, has been extended to benefit patients in mental deficiency hospitals. This paper is an appraisal of the attempt, through such service, to place patients in paid jobs outside the hospital environment. The experiment has proved the need for a more realistic training scheme for the high-grade mental defective.

## VOCATIONAL GUIDANCE (continued)

522. Johnson, G. Orville (Syracuse Univ., Syracuse, N. Y.)

Providing for the mentally retarded: With realistic self-understanding, by G. Orville Johnson; With integrated counseling, by Chris J. DeProspero. Vocational Guidance Quarterly. Spring, 1955. 3:3:67-72.

Outlines the objectives of an educational program for the mentally retarded and discusses the organization of an adequate program. Since the school is also a social agency and has the longest association with the child during the period of his growth and development, it has distinct advantages for influencing the growth of healthy attitudes. They can be taught to make self-evaluations in relation to social and vocational situations.

Mr. DeProspero outlines the special need of the mentally retarded for counseling and guidance, the complex problems they present to the counselor, and the role of the guidance specialist in meeting these needs and problems.

523. U. S. Employment Service

Counseling and employment service for youth. Washington, D. C., The Service, 1954. 70 p. (Supplement 1 to "Counseling and Employment Service for Special Group Workers.")

This booklet, to be used as a supplement to the more general discussions included in "Counseling and Employment Service for Special Worker Groups," describes procedures which more uniquely apply to employment service work with young people. An outline for school-employment service cooperation is given; however, for the special techniques and information on placement and counseling, the general handbook should be consulted. Placement on both the high school and college level is discussed; special reference is made to legal safeguards and labor standards for youth employment.

Available from U.S. Superintendent of Documents, Washington 25, D. C., at 30¢ a copy.

## VOCATIONAL REHABILITATION--GREAT BRITAIN

524. Great Britain. Political and Economic Planning (16 Queen Anne's Gate, London, S. W. 1, England)

The disabled worker. Planning. July 26, 1954. 20:368:173-188.

This issue deals with some of the problems involved in returning the disabled person to work, a process of rehabilitation from the initial medical treatment to the goal of employment. It covers the work of four Ministries and a number of voluntary organizations in Great Britain, describes the responsibilities of each, services for industrial rehabilitation, special facilities for employment, and how the system works.

## WALKING

See 450.

## WHEELCHAIRS

525. Bingham, Laura (Physical Therapy Div., Freedmen's Hosp., Washington, D. C.)

The use of the wheel chair in the techniques of rehabilitation. J. Natl. Med. Assn. Mar., 1955. 47:2:117-119.

A description of the latest model wheel chair for use in the techniques of rehabilitation is given; it is compared with older types of chairs as to

#### WHEELCHAIRS (continued)

ease of use and value in getting the patient from bed to chair. Its functional use in daily living activities is stressed.

#### WORKMEN'S COMPENSATION

526. Slobe, Frederick W. (425 N. Michigan Avenue, Chicago 11, Illinois)

Is our Workmen's Compensation system satisfactory? Ill. Med. J. Feb., 1955. 107:2. 3 p. Reprint.

Points out some of the amendments which might make the Workmen's Compensation system more satisfactory and discusses the role of the medical profession in instituting reforms and providing maximum care for the realization of the ultimate objective of the system--the restoration of the worker to his maximum functional capacity.

527. U. S. Bureau of Labor Standards

State workmen's compensation laws as of September, 1954. Washington, D. C., Gov't Print. Off., 1955. 56 p. tables. (Bul. no. 161)

A summary of the main provisions of the State workmen's compensation acts, to be used as a quick reference by legislators, administrators, insurance carriers, labor and employer groups and others. It is based on a study of the laws, administrative rulings, and correspondence with administrative agencies, and is not intended to serve as a substitute for the full text of the laws. This issue is a revision of Bulletin No. 125, State Workmen's Compensation Laws as of September, 1950, and includes changes in the acts through the 1954 legislative sessions.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 25¢ a copy.

#### New Books Briefly Noted

#### BACKACHE

528. Kessler, Henry H.

Low back pain in industry. New York, Commerce and Industry Assn. of N. Y., c1955. 227 p. tables. Paperbound.

In this study and clinical evaluation of 160 typical back injury cases in workmen's compensation from a cross-section of industry in New York State, Dr. Kessler demonstrates the need for the use of early rehabilitation to restore the workman to a productive position in the community. Cases were selected and analyzed from the socio-economic, administrative, and medical points of view. The plan of the study includes a brief historical treatment of the evolution of workmen's compensation, a review of the medical aspects of low back pain, a statistical analysis of the 160 cases, a clinical review of selected cases, a section of summary and conclusions, and a section of recommendations.

Available from Commerce and Industry Assn. of New York, 99 Church St., New York 7, N. Y., at \$2.50 a copy.

#### CEREBRAL PALSY--BIOGRAPHY

529. Brown, Christy

My left foot; with a foreword and epilogue by Dr. Robert Collis. New York, Simon and Schuster, 1955. 178 p. illus. \$3.00.

## CEREBRAL PALSY--BIOGRAPHY (continued)

The autobiography of Christy Brown, the "strange one" in an Irish family of 22 children, tells of his satisfying life in spite of cerebral palsy which left him able to control only his left foot. With the use of this foot he learned to write and paint and so to express himself. It is also the story of life in Dublin and the happy relationships of Christy's large family. Devoid of self-pity, the story is one of great courage in overcoming almost insurmountable handicaps and reveals the thoughts and emotions of a brilliant and sensitive mind.

## CHILD HEALTH

530. American Public Health Association (1790 Broadway, New York 19, N. Y.)

Health supervision of young children; a guide for practicing physicians and child health conference personnel. New York, The Assn., c1955. 179 p. charts. \$2.00. Paperbound.

" . . . This volume integrates the physical and psychological aspects of health supervision and brings together much new information about the health needs of children not yet easily available elsewhere. Part I tells what health supervision is, wherever it is undertaken. Chapter V discusses briefly handicapped children and their special problems. Part II shows how the Child Health Conference--sometimes known as the 'well-baby clinic' or the 'child health station'--carries out child health supervision. "

The booklet will be of interest to physicians, nurses and other professional personnel, as well as to administrators and community leaders responsible for the health of children and their families.

## DEAF--BIBLIOGRAPHY

531. Massachusetts. Harvard University. Psycho-Acoustic Laboratory

Bibliography on hearing, prepared by the . . . S. S. Stevens, Director; J. G. C. Loring, Compiler; Dorothy Cohen, Technical Editor; being an enlargement of "A Bibliography in Audition" . . . Cambridge, Mass., Harvard Univ. Pr., 1955. 599 p. \$7.00.

This volume, in a sense, is the second edition of "A Bibliography in Audition," published in 1950 by the Psycho-Acoustic Laboratory. It contains well over 10,000 titles and includes all the entries of the earlier bibliography; coverage prior to 1938 has been enlarged as has that from 1939-1949, and listings brought up to date as of 1952. Subject matter has been expanded, devoting more space to the psychology and the acoustics of music, to deafness and the deafened, to ultrasonics, and to the effects of drugs on human and animal hearing. Listing is alphabetical by author; titles are given in unabbreviated form and in the original language, with foreign titles translated. A classification list by subject is included.

## REHABILITATION--ITALY

532. Italy. Associazione Nazionale Mutilati e Invalidi del Lavoro (Via S. Tommaso d'Aquino, 11-A, Rome, Italy)

Rieducazione professionale. Rome, Sede Centrale A. N. M. I. L., 1954. 219 p.

The proceedings of the Conference Internationale des Mutilés et Invalides du Travail, sponsored by the Associazione Nazionale Mutilati e Invalidi del Lavoro, held in Rome on March 20, 1954. Subjects discussed

## REHABILITATION--ITALY (continued)

were professional rehabilitation in Italy, the contribution of industrial medicine to professional rehabilitation, the contribution of psychology to rehabilitation, and the organization of a rehabilitation center.

## SOCIAL WELFARE--ADMINISTRATION

### 533. Johns, Ray

Executive responsibility; an analysis of executive responsibilities in the work of voluntary, community social welfare organizations. New York, Association Pr., 1954. 258 p. \$4.00.

A practical book dealing with specific areas of responsibilities of boards, staff, finance, and service, it also analyzes the elements of administrative processes in communication, decision-making, authority and leadership. Its principles and practices apply not only to all types of voluntary and public social, recreational, welfare, and youth-serving community organizations but to other types as well. The problems and responsibilities of executives, particularly in smaller agencies, have been kept in mind. Suggested readings follow each chapter and an extensive bibliography concludes the book. Samples of job descriptions and rating charts for use in personnel evaluation are given in the appendix.

## SPEECH CORRECTION

### 534. Zedler, Empress Young

Listening for speech sounds; stories for the speech clinician and the classroom teacher. Garden City, N. Y., Doubleday & Co., 1955. 145 p. illus.

" . . . The essential purposes of (the author's) text and stories are to provide an approach and materials which make it readily possible to coordinate the work of the speech clinician in articulation training with that of the classroom teacher in developing language skills . . . (the) material gains in interest because it is scientifically accurate and is based on current and widely accepted psychological theory and practice . . . "--Foreword by Jon Eisenson.

The book contains information and instructions for use of the material by clinician and elementary school teacher and the stories themselves have been devised from actual experiences with pupils in primary grades. There has been incorporated into each of the "Tommy" stories an association between the speech sound and its appropriate alphabetic symbol. Stories present consonant, vowel and diphthong sounds.

